

North Carolina Summary

Background

North Carolina's Chronic Disease and Injury Section (CDIS) began to weigh the value of formally integrating its programs and branches in late March 2006. In late 2007, a Design Team developed the North Carolina (NC) Integration Blueprint to establish priorities and guide the development of NC's Negotiated Agreement integrated work plan. Following approval of the integrated work plan, CDIS then commissioned a network analysis study to quantify and map the patterns of interaction within and between programs and to assess staff attitudes about integration. This study provided a baseline measure of cooperative relationships among CDIS staff/programs and helped unify perceptions among staff about current levels of integration.

Direction of Integration

CDIS designated healthy communities, policy, data, and healthcare systems as the four areas of public health operations that would be the focal points for integration. Communities of Practice (CoP) were established to oversee these integration activities. CoPs bring together members from different programs who are related by function or practice to share information, contribute expertise and resources (tools, funding, etc.) and collaborate on new or ongoing initiatives. Each CoP team consists of champions, co-leaders and members who design and implement the program integration activities. For the next three years, CDIS will use the CoPs to accomplish goals for the program integration process. The four CoPs with the key focus and desired outcomes are:

Healthy Communities CoP

Focus: To develop a technical assistance process for local communities and a common reporting system for tracking progress toward NC 2020 objectives.

Outcome: Integrated programs that support health promotion and chronic disease prevention activities in all counties and increase resources available for these efforts.

Policy and Environmental Change CoP

Focus: To integrate efforts to develop and advocate for the adoption of evidence-based and promising policies/practices at the state and local level, which will help prevent and reduce chronic disease.

Outcome: Prioritization of the policy platform through increased knowledge and skills of internal and external partners to achieve policy and environmental change.

Health Data CoP

Focus: To enhance CDIS evaluation capacity, coordinate data management and provide technical assistance to incorporate community health assessment data into surveillance programs.

Outcome: Data collection and evaluation reporting procedures across programs that promote fair and balanced data interpretation.

Healthcare Systems CoP

Focus: To promote effective primary care models for clinical management of chronic diseases by improving systems in primary care practices across the state.

Outcome: Expanded and improved chronic disease care delivery network through public health programs and primary care practices.